



# **CHILDHOOD HEALTH RECORD**

**Birth to 18 years**

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Name



# Your Child's CHECKUPS

Regular well-child and oral health checkups are very important for your child's health and development. This Childhood Health Record booklet, along with the Lifetime Immunization Record card, will help you keep track of important health information about your child.

Keeping each section up-to-date will provide a useful and handy record of your child's health history. These records provide valuable information in an emergency and throughout your child's life. Keep them in a safe place at home and take them with you when you travel.

## PREPARE FOR WELL-CHILD CHECKUPS

You will receive Child Profile letters in the mail that will remind you to schedule checkups. They will also give you information about your child's growth and development, safety, nutrition, and recommended immunizations. Before each checkup, write down any questions that you have about your child's health and development and take them with you. Be sure to ask if your child's immunizations are up-to-date. **Take this booklet and the immunization record card with you when you see your child's doctor, nurse, and dentist.**





# BIRTH RECORD

Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_

Weight \_\_\_\_ lb. \_\_\_\_ oz. Length \_\_\_\_\_

Place of Birth \_\_\_\_\_

City/State \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

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# EMERGENCY INFORMATION

**In an emergency, call 911**

Washington Poison Center 1-800-222-1222

Other important contacts \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Allergies/Treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Health Needs/Treatments \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



**HEALTH  
SCREEN**

Health screenings are used to find or rule out certain health conditions. All children get certain screenings, for

example to check hearing and vision. Some children will need other screenings such as anemia or lead level testing. Talk to your child's doctor or nurse at each well-child checkup to learn more about the screenings that your child needs.

[illegible]



## HEALTH CHECKUPS

H = height    H% = height percentile  
W = weight    W% = weight percentile  
HC = head circumference  
BMI = body mass index  
BMI% = BMI percentile

**1-2**  
weeks

### Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_H%\_\_\_\_\_W\_\_\_\_\_W%\_\_\_\_\_HC\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

**1**  
month

### Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_H%\_\_\_\_\_W\_\_\_\_\_W%\_\_\_\_\_HC\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_H%\_\_\_\_\_W\_\_\_\_\_W%\_\_\_\_\_HC\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness:\_\_\_\_\_



## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_H%\_\_\_\_\_W\_\_\_\_\_W%\_\_\_\_\_HC\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_H%\_\_\_\_\_W\_\_\_\_\_W%\_\_\_\_\_HC\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_



## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_H%\_\_\_\_\_W\_\_\_\_\_W%\_\_\_\_\_HC\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_H%\_\_\_\_\_W\_\_\_\_\_W%\_\_\_\_\_HC\_\_\_\_\_

Notes\_\_\_\_\_

\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

\_\_\_\_\_

**The first oral health checkup** is recommended by one year of age or within 6 months of the first tooth erupting. Talk to your dentist about preventing cavities with flouride and sealants.

## Oral Health Checkup

Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

\_\_\_\_\_

Notes\_\_\_\_\_

\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_H%\_\_\_\_\_W\_\_\_\_\_W%\_\_\_\_\_HC\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_



## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_H%\_\_\_\_\_W\_\_\_\_\_W%\_\_\_\_\_HC\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_





The two-year visit is a good time to be sure your child has had all recommended immunizations. Ask your doctor, nurse, or clinic about any immunizations your child may have missed. Some doctors will want to schedule a check-up at 2½ years. This is a good time to talk about any development questions you have about your child. Ask your doctor or clinic if you should schedule a check-up at 2½ years.

## Health Checkup

Date\_\_\_\_\_ Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_HC\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

\_\_\_\_\_

Injuries/illness\_\_\_\_\_

\_\_\_\_\_

**Oral Health Checkup**      Date \_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

Notes\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Oral Health Checkup

Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

\_\_\_\_\_

Notes\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Oral Health Checkup

Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

\_\_\_\_\_

Notes\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**5****years**

Children who are immunized according to the recommended schedule will meet school entry requirements. You will need to provide a copy of your child's immunization record. Talk to your doctor, nurse, or clinic for more information.

## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

## Oral Health Checkup

Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

Notes\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

## Oral Health Checkup

Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

Notes\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

## Oral Health Checkup

Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

Notes\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

**Oral Health Checkup**      Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

Notes\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

**Oral Health Checkup** Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

Notes\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

## Oral Health Checkup

Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

Notes\_\_\_\_\_



**11**  
**years**

There are several immunizations recommended for your child at 11-12 years of age. Schedule a health check-up for your child at this age. You can also ask about immunizations at a sports physical or other doctor visit.

## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

## Oral Health Checkup

Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

Notes\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

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Injuries/Illness\_\_\_\_\_

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## Oral Health Checkup

Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

\_\_\_\_\_

Notes\_\_\_\_\_

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## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

**Oral Health Checkup** Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

Notes\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

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**Oral Health Checkup**      Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

\_\_\_\_\_

Notes\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

## Oral Health Checkup

Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

Notes\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

## Oral Health Checkup

Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

Notes\_\_\_\_\_



**17**  
years

If your child has had all recommended immunizations, he/she will meet immunization requirements for college, the military, and future employment. Be sure to ask about additional travel immunizations that may be needed.

## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

## Oral Health Checkup

Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

Notes\_\_\_\_\_





## Health Checkup

Date\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

H\_\_\_\_\_W\_\_\_\_\_BMI\_\_\_\_\_BMI%\_\_\_\_\_

Notes\_\_\_\_\_

Injuries/Illness\_\_\_\_\_

**Oral Health Checkup**      Date\_\_\_\_\_

Dentist/Clinic\_\_\_\_\_

Address/phone\_\_\_\_\_

Services received\_\_\_\_\_

Notes\_\_\_\_\_



**Family Health Hotline**

**1.800.322.2588**

711 (TTY relay)

*Programs of WithinReach*

**www.ParentHelp123.org**



Child Profile is a service of the Washington State Department of Health.

If you have a disability and need this document in another format, please call 1-800-322-2588 (711-TTY relay).

325-0108E DOH 950-146E  
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